

## **7 FAM 380 EMERGENCY MEDICAL, DIETARY, AND TEMPORARY ASSISTANCE LOANS TO NON- INCARCERATED U.S. CITIZENS ABROAD (EMDA II)**

*(CT:CON-141; 07-13-2006)*

### **7 FAM 381 LEGAL BASIS**

*(CT:CON-141; 07-13-2006)*

- a. Public Law 95-45 (passed June 15, 1977) established the Emergency Medical and Dietary Assistance Program for incarcerated U.S. citizens abroad (EMDA I; see subchapter 7 FAM 450 ).
- b. Public Law 95-426 (passed October 7, 1978, effective October 1, 1978) included an amendment to PL 95-45 authorizing emergency medical assistance and short term dietary assistance to non-incarcerated U.S. citizens abroad (EMDA II). PL95-426 also gave the Department, under certain circumstances, authority to extend emergency assistance loans to temporarily destitute U.S. abroad.

### **7 FAM 382 ASSISTANCE TO BE REIMBURSED**

*(CT:CON-141; 07-13-2006)*

The three elements of the EMDA II loan program--Emergency Medical Assistance, Short Term Dietary Assistance, and Emergency Assistance for Temporarily Destitute Americans--are authorized on a reimbursable basis and require the completion of a loan application and a promissory note before any funds are disbursed to the applicant. The promissory note must be executed in every instance, as it is the means by which the Department has combined the loan application and the promissory note form ( 7 FAM 382 Exhibit 382 ). All posts must use this format when administering any of the EMDA loan programs.

## **7 FAM 383 FUNDING PROCEDURE**

*(CT:CON-141; 07-13-2006)*

a. Each post is responsible for establishing and reporting the fiscal data for all EMDA loans which it authorizes under its own emergency authority. 7 FAM 383 Exhibit 383 illustrates how this is done and provides examples for each type of EMDA loan.

b. In EMDA cases requiring the Department's approval, the Department (CA/OCS/EMR) will furnish the fiscal data for the post's use.

**NOTE:** This procedure does not apply to repatriate loans (see subchapter 7 FAM 350 ), in which the Department furnishes the fiscal data to be used for each repatriation case that is approved.

c. Closely follow the guidelines and procedures described in this subchapter ( 7 FAM 380 ) to ensure that use of funds complies with Congressional intent.

## **7 FAM 384 EMERGENCY MEDICAL ASSISTANCE**

### **7 FAM 384.1 Limitations on Medical Assistance**

*(CT:CON-141; 07-13-2006)*

a. Emergency medical assistance may be extended to U.S. citizens not in prison or under legal restraint only when medical attention is absolutely essential and cannot be funded privately, be provided by the host government, or be supplied by the local medical facilities, unless someone gives an advance guarantee of payment of the costs incurred.

b. The consular officer is to make reasonable attempts to obtain private resources before considering the emergency medical assistance program. This program is available to both U.S. citizens who are residents abroad or who are travelers, including candidates for repatriation to the United States under certain circumstances.

### **7 FAM 384.2 Eligibility Criteria**

*(CT:CON-141; 07-13-2006)*

U.S. citizens abroad who are not in prison are considered eligible to receive emergency medical treatment assistance under the following general criteria:

- (1) There are medical indications that emergency medical assistance is necessary to prevent, or attempt to prevent, the loss of life or limb, or that failure to provide service may cause permanent disability;
- (2) All reasonable attempts to obtain private resources have failed or such resources do not exist;
- (3) Adequate treatment for an emergency physical or emergency psychiatric condition cannot or will not be provided by the host government or by local medical facilities unless advance guarantee of payment of costs incurred is given.

## **7 FAM 384.3 Services Covered**

*(CT:CON-141; 07-13-2006)*

Funds may be expended for:

- (1) Emergency medical examination, when required;
- (2) Emergency treatment;
- (3) Nonelective surgery;
- (4) Medications and related medical supplies and equipment required on a routine basis to sustain life (such as insulin);
- (5) Preventive or protective medications and medical supplies and equipment (such as vaccinations, inoculations) required to combat epidemic conditions (general or intramural);
- (6) Childbirth attendance, including necessary medical care of newborn children; and
- (7) Transportation of citizen and attendant(s) between the citizen's residence abroad or site where the illness or injury occurred and the place(s) of treatment.

**NOTE:** Regulations governing EMDA assistance (22 CFR Part 71) have been revised to clarify that emergency medical assistance covers psychiatric as well as physical conditions. EMDA funds are quite limited and are not intended or designed to provide for long term hospitalization or to guarantee payment for such care. EMDA II medical assistance generally is authorized for the short term treatment

necessary to stabilize a patient sufficiently to permit the patient to return to the United States, with escort if necessary, for long term treatment.

## **7 FAM 384.4 Medical Diagnosis**

*(CT:CON-141; 07-13-2006)*

The consular officer must communicate with the sick or injured person, preferably by a personal visit, and obtain a professional medical diagnosis and prognosis. Sources of such evaluations might be a host government physician or health official, or a local private physician. If warranted and time permits, the consular officer may request an evaluation from the Regional Medical Officer (RMO) and advise the Department (CA/OCS/EMR) by telegram.

## **7 FAM 384.5 Post Emergency Expenditure Authorization**

*(CT:CON-141; 07-13-2006)*

If the medical emergency is such that time does not permit telegraphing the Department or verifying the availability of private funds, the post may expend the minimum amount necessary, up to \$250, without prior Department approval, provided an application/promissory note has been completed and signed (see 7 FAM 382 Exhibit 382 ) and the condition is such that if medical attention is postponed, death or serious injury may result. The post must report all facts of the case to the Department by telegram as soon as possible.

## **7 FAM 384.6 Processing Requirements for Medical Assistance**

*(CT:CON-141; 07-13-2006)*

- a. The consular officer must ascertain the estimated costs of the medical treatment; identify private sources (relatives, friends) who might provide funds; obtain the necessary Privacy Act waiver and attempt to obtain the necessary funds from any possible local source; and identify contact points (such as physician, hospital, or clinic) as shown in 7 FAM 384 Exhibit 384.6.
- b. Take the following actions:

- (1) Determine the eligibility of the loan applicant (see section 7 FAM 384.2 ), assess the services required, and take the necessary post actions as described above in sections 7 FAM 384.3 through 7 FAM 384.5 .
- (2) Complete Section A of the Loan Application/Promissory Note ( 7 FAM 382 Exhibit 382 ).
- (3) Have the loan applicant read and sign Section B of the application. If the signature of the applicant is unavailable, see section 7 FAM 355.3-2 on signature "without recourse."
- (4) When an emergency loan is authorized by the consular officer under section 7 FAM 384.5 , the officer must assign the fiscal data concerning the loan (see 7 FAM 383 Exhibit 383 ). This data is essential and cannot be omitted.
- (5) The general rule in these cases is that the Department must authorize the loan by supplying the appropriate fiscal data before funds are made available under this program. To request authorization, use the telegram format shown in 7 FAM 384 Exhibit 384.6 . The only exception is for funds required in a situation described in section 7 FAM 384.5 , in which case up to \$250 can be loaned by the consular officer without prior Departmental authorization. If funds are expended under the authority of section 7 FAM 384.5 , the consular officer must complete sections C and D of the Loan Application/Promissory Note at this time, unless the amount expended under post authority is expected to be the total amount required by the applicant. In section 7 FAM 384.5 cases, attach the OF-206 to the Loan Application/Promissory Note and immediately complete Sections C and D.
- (6) Immediately telegraph the Department for authorization and/or to report any emergency funds expended, using the format shown in 7 FAM 384 Exhibit 384.6 .
- (7) When Department authorization has been received, the loan applicant must complete section C of the Loan Application/Promissory Note.
- (8) The consular officer completes section D of the Loan application.
- (9) Amend the beneficiary's passport to expire 1 year from the date of loan. Endorse the passport as follows:

**LIMITATION--THIS PASSPORT EXPIRES  
(MONTH, DAY, YEAR) AND SHALL NOT BE  
EXTENDED WITHOUT EXPRESS**

## **AUTHORIZATION OF THE DEPARTMENT OF STATE.**

When the loan is repaid at post, the post is authorized to void the endorsement without referral to the Department. Complete the passport amendment application form (OF-195; see 7 FAM 1339 Exhibit 1339.1 ) and immediately send it to the Department, Passport Services (CA/PPT/S/RM).

(10) Send the original of the loan application, upon completion, to the Department of State, Office of Finance (M/COMP/FO/GAD/SAC).

(11) Give the second copy of the application to the post fiscal officer, who arranges payment for the services.

(12) Retain the third copy of the application at post until the services provided by the loan are complete.

(13) Provide the fourth copy of the application to the beneficiary as a memorandum of obligation to repay the U.S. Government.

(14) If the post becomes aware that the funds authorized for this loan will not be used, or not be used totally, notify the Department by telegram with the fiscal data of the loan and the revised total estimate. Likewise, if additional funds will be required for the loan, telegraph the Department with the fiscal data of the loan and request authorization for the additional amount.

(15) As soon as the services required for the medical emergency have been completed, the post must file a final report on the case. Send the third copy of the Loan Application/Promissory Note to M/COMP/FO/GAD/SAC under cover of a memorandum, giving the full particulars of the loan.

(16) A post final fiscal reporting telegram is required within 72 hours. Include the applicant's name and social security number, amount expended, complete U.S. billing address (or complete foreign address if no U.S. address is available--not a post office box), and fiscal data charged (see 7 FAM 389 Exhibit 389 ).

## **7 FAM 385 SHORT TERM DIETARY ASSISTANCE**

### **7 FAM 385.1 Limitations on Dietary Assistance**

*(CT:CON-141; 07-13-2006)*

In rare cases, a destitute U.S. citizen not seeking repatriation may require temporary assistance because of an emergency situation. Short term full dietary assistance may be granted to provide minimum cost assistance for food and lodging in these cases if the recipient is willing to sign a Loan Application/Promissory Note giving names and addresses of persons who may be contacted to provide a reasonable amount of funds for sustenance.

### **7 FAM 385.2 Termination of Loan**

*(CT:CON-141; 07-13-2006)*

This program is intended to provide short term emergency assistance for a U.S. citizen who plans to remain abroad for some period of time. If the emergency situation cannot be resolved within a reasonable time, and the beneficiary does not obtain further assistance from private or local public sources, the consular officer should suggest that the applicant return to the United States, where such assistance is more likely to be available. If such an applicant refuses to make application for repatriation loan, terminate subsistence under this part of the short term full diet program of EMDA.

### **7 FAM 385.3 Disbursal of Funds and Receipts**

*(CT:CON-141; 07-13-2006)*

Disburse funds expended for short term dietary assistance under EMDA II provisions in the same manner as subsistence funds (see section 7 FAM 358 ). When possible, pay local establishments, such as restaurants, instead of giving funds directly to the person. Whether funds are given to a local establishment or directly to the loan recipient, obtain receipts for the amounts expended.

### **7 FAM 385.4 Emergency Expenditure Authorization**

*(CT:CON-141; 07-13-2006)*

The same processes apply to short term dietary assistance cases as apply to medical services cases: the applicant must contact private sources first, sign an application/promissory note, and sign receipts for funds received. Posts are authorized to spend up to \$200 without prior Department approval. Expenditures above \$200 require Department approval. Advise the Department (CA/OCS/EMR) immediately by telegram when funds have been expended under this authority. In cases requiring the Department's approval, report all pertinent details in a telegram marked for action by CA/OCS/EMR.

## **7 FAM 385.5 Processing Requirements for Short Term Full Dietary Assistance**

*(CT:CON-141; 07-13-2006)*

When a post becomes aware that a non-incarcerated U.S. citizen requires a loan for dietary assistance, the consular officer takes the following actions, as reflected in 7 FAM 385 Exhibit 385.5 :

- (1) Determine the eligibility of the loan applicant as stated in 7 FAM 384.2 ;
- (2) Complete section A of the Loan Application/Promissory Note ( 7 FAM 382 Exhibit 382 );
- (3) Have the loan applicant complete section B of the application;
- (4) If a loan is authorized on an emergency basis under section 7 FAM 385.4 , assign the fiscal data to be charged for this case (see 7 FAM 383 Exhibit 383 ). This information is essential and cannot be omitted.
- (5) Estimate the total loan that will be required for this service and take one of the following steps:
  - (a) If the total estimated loan is for \$200 or less, complete sections C and D of the form.
  - (b) Obtain the Department's authorization if the total estimated loan is greater than \$200. Do not complete section C and D of the Loan Application/ Promissory Note at this time. On an emergency basis, the post may expend up to \$200 per person. Have a purchase order/voucher for (OF-206) completed for these emergency funds, signed by the applicant, and attached to the loan application. When the post receives Department authorization, complete sections C and

D of the form for the total loan required.

(6) In either case, telegraph the Department, requesting authorization and/or reporting the loan. The format contained in 7 FAM 385 Exhibit 385.5 should be used.

(7) Amend the passport of the beneficiary to expire 1 year from the date of loan and endorsed as described in section 7 FAM 384.6 paragraph b(9). Complete the passport amendment form (OF-195) and send it immediately to the Department, Passport Services (CA/PPT/S/RM).

(8) When the Loan Application/Promissory Note has been completed, send the original copy immediately to the Office of Finance (M/COMP/FO/ GAD/SAC).

(9) Give the second copy of the form to the post fiscal officer who arranges payment for the services.

(10) Retain the third copy of the form at post until services provided by the loan have been completed.

(11) Give the fourth copy of the form to the beneficiary, as a memorandum to repay the U.S. Government.

(12) Telegraph the Department of any funding changes required for this loan (such as, additional funds required, alternate funds discovered, etc.). Include the new estimate of the total funds required and the fiscal data of the loan.

(13) File a final report when the services of the loan have been provided. Send the third copy of the Loan Application/Promissory Note to M/COMP/FO/GAD/ SAC under cover of a memorandum, giving the full particulars of the loan, including the total cost of services.

(14) A post final fiscal reporting telegram is required within 72 hours. Include the applicant's name and social security number, amount expended, complete U.S. billing address (or complete foreign address if no U.S. address is available--a post office box is not acceptable), and fiscal data charged (see 7 FAM 389 Exhibit 389 ).

## **7 FAM 386 TEMPORARY SUBSISTENCE LOANS WHILE AWAITING FUNDS**

### **7 FAM 386.1 Limitations on Subsistence Loans**

*(CT:CON-141; 07-13-2006)*

a. This program is intended to apply to persons abroad who are not seeking repatriation and who are temporarily destitute: for example, those awaiting funds from private sources or an overdue check from a U.S. Federal agency. The destitute person must show that sufficient private funds will be available to repay the loan and must agree to repay it.

b. Under this program, the consular officer may extend a temporary subsistence loan to enable an American traveler to continue traveling. The officer should assist the traveler in requesting funds from private arrangements. In such a case, the post granting the loan must notify the Department to which post on the applicant's itinerary the Department should forward the trust deposit. Also, the authorizing post must send an action copy of all telegrams between the authorizing post and the Department to the onward post. The post which disburses the transferred OCS/TRUST should accept repayment, notifying both the Department and the authorizing post of the action taken (see section 7 FAM 388 ).

## **7 FAM 386.2 Eligibility Criteria**

*(CT:CON-141; 07-13-2006)*

Destitute U.S. citizens not seeking repatriation are considered eligible for temporary subsistence on the basis of the following criteria:

(1) The applicants must establish that they are U.S. citizens who are temporarily destitute, unable to maintain themselves, and would suffer hardship while awaiting receipt of funds from private sources or an overdue check from a U.S. Federal agency (see also section 7 FAM 384.2 ). A qualified adult U.S. citizen may include in the application an accompanying alien spouse or unmarried children who are members of their household.

(2) Applicants must demonstrate that sufficient private funds have been requested and/or are readily available from relatives, employers, friends, or a banking institution for immediate transfer to the applicants by Department OCS/TRUST procedures, or commercial/private arrangements, or that receipt of a periodic U.S. check disbursed by a Federal agency is overdue.

(3) Applicants must agree in writing to repay promptly the temporary subsistence loan upon receipt of funds from private sources or a Federal check.

## **7 FAM 386.3 Ineligible Persons**

*(CT:CON-141; 07-13-2006)*

The following are ineligible for temporary subsistence loans under this program:

- (1) Citizens seeking repatriation (see subchapter 7 FAM 350 ).
- (2) Citizens not seeking repatriation who are incarcerated and eligible for assistance under the Emergency Medical and Dietary Assistance program for prisoners (EMDA I; see subchapter 7 FAM 450 ).
- (3) Citizens who receive a Federal agency check on or about a fixed date each month, but who apply for a temporary subsistence loan prior to that date or within 5 days following it. This program is not designed to assist Federal check beneficiaries whose funds are depleted before the normal date each month for receipt of their checks or whose constant movement abroad is the cause of their failure to receive Federal agency checks in a timely fashion.
- (4) Citizens who have not repaid official funds previously expended in their behalf under this program or under the programs described in subchapter 350.

## **7 FAM 386.4 Emergency Approval Authority**

*(CT:CON-141; 07-13-2006)*

- a. The consular officer has authority to approve a temporary subsistence loan for each person included in the loan application, pending receipt of funds from private sources or arrival of an overdue Federal agency check.
- b. Before a temporary subsistence loan is authorized the consular officer must be satisfied that the applicant does, in fact, have a source of funds readily available or that the applicant is the beneficiary of a Federal agency check.
- c. A temporary subsistence loan may be granted to each person included in the loan application in an amount equivalent to 3 days' per diem at the U.S. Government-authorized per diem rate applicable at the post, but in no case may it exceed the U.S. Government-authorized per diem rate for the post. If, in the opinion of the approving officer, a lesser amount would be sufficient to provide an acceptable diet and adequate lodging, grant a loan in the lesser amount.

d. If the expected funds are not received, the temporary subsistence loan may be extended for an additional 2 days beyond the initial 3 days, while the post checks with the Department by telegram about the delay in transmission of funds (see section 7 FAM 386.5 and 7 FAM 386 Exhibit 386.6 ). *The Department will contact the source and inform the post of the status of the funds.*

## **7 FAM 386.5 Cautions and Restrictions**

*(CT:CON-141; 07-13-2006)*

a. Take special care to ensure that, under this program, loans are not made to ineligible persons, persons without access to private resources, or persons not waiting for an overdue Federal check. If such persons apply for financial assistance, inform them that the only U.S. Government financial assistance available in their circumstances is through a repatriation loan (subchapter 7 FAM 350 ), provided they are eligible for such a loan.

b. Make the temporary subsistence loan in local currency and on the understanding that it is to be used solely for food, lodging, and incidental hygiene items.

c. Upon making the initial loan, send a telegram to the Department, following the format shown in 7 FAM 386 Exhibit 386.6 , giving the details of the loan. If at the end of 5 days the applicant has not received funds (trust deposit or Federal check) telegraph the Department for guidance, giving the full details.

d. If a loan recipient does not reimburse the post within 5 days from receipt of the loan, the post fiscal officer must send the original of the application to the Department (M/COMP/FO/GAD/SAC) under cover of a memorandum, subject: FIMED: Temporary Subsistence. Explain in detail the circumstances in which the loan was approved and the reason(s) for the applicant's failure to repay it.

## **7 FAM 386.6 Processing Requirements**

*(CT:CON-141; 07-13-2006)*

When a post becomes aware that a U.S. citizen needs a temporary subsistence loan, the post should take the following actions, as reflected in 7 FAM 386 Exhibit 386.6 :

(1) Determine the eligibility of the applicant and take the necessary post actions, as described in section 7 FAM 386.2 .

(2) Expend up to 3 days of the U.S. Government per diem subsistence at post for each applicant. If the consular officer feels a lesser amount would be sufficient, extend that amount. The consular officer may authorize an additional 2 days of subsistence if exceptional circumstances exist.

(3) Complete all four sections (A through D) of the Loan Application/Promissory Note ( 7 FAM 382 Exhibit 382 ).

(4) Assign the fiscal data to be charged for the loan (see 7 FAM 383 Exhibit 383 ). This information is essential and cannot be omitted.

(5) Telegraph the Department immediately of the loan, using the format shown in 7 FAM 386 Exhibit 386.6 .

(6) Amend the passport of the beneficiary to expire 1 year from the date of the loan and endorse it as described in section 7 FAM 384.6 (9) . Complete the passport amendment form (OF-195) and immediately send it to Passport Services (CA/PPT/PS/RM).

(7) Send the original of the Loan Application/Promissory Note to the Office of Finance (M/COMP/FO/GAD/SAC), immediately upon granting the loan.

(8) Give the second copy of the form to the post fiscal officer for appropriate action, upon receipt of the funds.

(9) Retain the third copy of the application in the consular files.

(10) Give the fourth copy of the form to the beneficiary, as a memorandum to repay the U.S. Government.

(11) Complete a General Receipt Form (OF-158; see 4 FAM 325.2-2 ) for the repayment when the beneficiary repays the loan at post. Attach this form to the third copy of the Loan Application/Promissory Note and send it to the Officer of Finance (M/COMP/FO/GAD/SAC), under cover of memorandum, giving the details of the loan. At the same time, telegraph the Department that the loan was repaid and cite the fiscal data of the case.

(12) If the loan is not repaid to the post within 5 days, send the third copy of the form to the Office of Finance (M/COMP/FO/GAD/SAC), under cover of a memorandum, stating that the loan was not repaid and the possible reasons why.

(13) Prepare and transmit the post's final fiscal report by telegram, to include: the applicant's name, social security number, amount expended, complete U.S. billing address (not a post office box), and

fiscal data charged (see 7 FAM 389 Exhibit 389 ).

## **7 FAM 387 APPLICATION PROCEDURES FOR A MINOR OR INCAPACITATED PERSON**

*(CT:CON-141; 07-13-2006)*

Do not refuse an Emergency Medical Assistance, Short Term Dietary Assistance, or Temporary Subsistence loan to an otherwise eligible applicant solely because the person is a minor or is mentally or physically incapacitated, or has no parent, relative, or guardian willing to sign the Loan Application/Promissory Note. In such cases, follow the "without recourse" signing instructions in sections 7 FAM 355.3-1 and 7 FAM 355.3-2 .

## **7 FAM 388 REPAYMENT PROCEDURES**

*(CT:CON-141; 07-13-2006)*

a. To the extent possible, the post repays the post account immediately upon receipt of the funds through commercial/private arrangements, a Department OCS/TRUST message, or upon receipt by the beneficiary of the overdue Federal check before delivering the balance to the intended beneficiary. If by OCS/TRUST, the fiscal office deducts the amount loaned from the Department trust and delivers the balance to the beneficiary. In the case of a Federal benefits check, the beneficiary signs the check and cashes it at the fiscal office, which then, and only with permission of the beneficiary, deducts the amount of the loan and gives the beneficiary the balance. Delivery of the Federal check cannot be withheld or delayed, pending repayment of the loan.

b. When either of these procedures is followed, the transaction is completed at post and the Department takes no action. If for any reason the repayment of the loan is not made at post, the fiscal office proceeds as described in section 7 FAM 389 .

## **7 FAM 389 POST FINAL FISCAL REPORT**

*(CT:CON-141; 07-13-2006)*

To increase the ability of the Department (M/COMP/FO) to obtain

repayment when an EMDA II loan is not repaid at post, a final report must be submitted by telegram to the Department within 72 hours after the loan recipient has left the post's jurisdiction. See 7 FAM 389 Exhibit 389 for sample format.

# 7 FAM 382 EXHIBIT 382 EMDA LOAN APPLICATION/PROMISSORY NOTE

(CT:CON-141; 07-13-2006)

## EMDA LOAN APPLICATION/PROMISSORY NOTE

Instructions: Make original and 3 copies. Type or print legibly.

Information must be complete.

### PART I - APPLICATION

A. To be completed by Consular Officer.

1. TYPE OF LOAN REQUESTED: EMDA-II Emergency Medical Assistance.
2. NAME OF POST: American Embassy, Lima.
3. DATE OF APPLICATION: December 12, 1986.
4. APPLICANT'S FULL NAME: Sonya A. Harker.
5. SOCIAL SECURITY NUMBER: 356-AA-7803.
6. BIRTHDATE/BIRTHPLACE: 10/16/44, Texas.
7. PASSPORT NUMBER WITH DATE AND PLACE OF ISSUANCE (if not available, describe other evidence of U.S. citizenship, such as birth certificate, card of identity and registration, or other documents):

TTT134569, iss. 11/12/86, Houston.

8. DATA ON ACCOMPANYING DEPENDENTS:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>NATIONALITY</u>
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None.

9. COMPLETE ADDRESS ABROAD: Lima General Hospital  
Ponce de Leon Blvd.  
Lima, Peru

10. COMPLETE ADDRESS IN THE UNITED STATES (address to which applicant will return, and name of person now living there):

C/o Mother, Mrs. Geraldine C. Bradford,  
1150 Plymouth Park, N. Irving, Texas 75062

11. NAME AND COMPLETE ADDRESS OF RELATIVES/FRIENDS/  
EMPLOYER/FINANCIAL INSTITUTIONS IN THE UNITED STATES OR  
ABROAD WHO HAVE BEEN REQUESTED  
TO ASSIST FINANCIALLY:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>
Gregory T. Smith,	friend	210 Bearcreek Road, Lancaster, Texas 75146
Thomas J. Cooper,	VP, Bank	Commonwealth Bank 2200 Britain Road, N Irving, Texas 75062

12. LIST OF REAL PROPERTY AND PERSONAL PROPERTY, INCLUDING AUTOMOBILE, LUGGAGE, JEWELRY, CASH ON HAND, MONEY ON DEPOSIT, AND ACCOUNTS RECEIVABLE. ESTIMATE DOLLAR VALUE AND INDICATE LOCATION IN THE UNITED STATES OR ABROAD:

Backpack and clothing, valued at \$100.

13. IF RETIRED, LIST DATA ON RETIREMENT OR DISABILITY INCOME FROM FEDERAL, STATE, OR LOCAL GOVERNMENT SOURCE, AND INCOME FROM ANY OTHER SOURCE, INCLUDING TRUST, ESTATE, INVESTMENT, REAL PROPERTY. IDENTIFY SOURCE. STATE AMOUNT AND FREQUENCY OF RECEIPTS. WHEN APPROPRIATE, INCLUDE VETERANS ADMINISTRATION CLAIM NUMBER, CITY, AND STATE WHERE V.A. RECORDS ARE LOCATED: DATE CIVIL SERVICE EMPLOYMENT TERMINATED: MILITARY SERVICE: SSN:

N/A

14. ESTIMATE U.S. DOLLAR AMOUNT REQUIRED: \$730.

B. To be read and signed by the loan applicant.

15. I HEREBY APPLY FOR U.S. GOVERNMENT FINANCIAL ASSISTANCE LOAN IN THE AMOUNT SPECIFIED IN ITEM 14 ABOVE.
16. I SOLEMNLY DECLARE THAT: (A) I AM A U.S. CITIZEN; (B) I AM TEMPORARILY DESTITUTE; (C) I HAVE REQUESTED FUNDS FROM PRIVATE SOURCE (S) SPECIFIED IN ITEM 11 ABOVE; AND (D) ALL THE STATEMENTS IN THIS APPLICATION ARE TRUE.
17. SIGNATURE OF APPLICANT:

PART II - PROMISSORY NOTE

C. To be completed by loan applicant.

(Note.--If Department authorization is required, complete this section AFTER the authorization is received.)

18. I, Sonya A. Harker HAVE RECEIVED THIS  
(Full name)

December 15, 1986 FROM THE AMERICAN Embassy  
(Date) (Title of Office)

AT Lima, Peru THE SUM OF \_\_\_\_\_  
(City and country) (Foreign currency)

EQUIVALENT TO \$730.00  
(U.S. currency)

FOR Emergency medical assistance - hospitalization  
and surgery on broken leg FOR ME AND  
(Type of Assistance)

THE DEPENDENTS LISTED IN ITEM 8 OF THE APPLICATION.

19. I UNDERSTAND AND AGREE THAT: (A) MY OBLIGATION TO REPAY THE LOAN WILL NOT BE DISCHARGED UNTIL PAYMENT IN FULL HAS CLEARED THROUGH THE ACCOUNT OF THE TREASURER OF THE UNITED STATES; AND (B) THAT, UNTIL MY OBLIGATION IS DISCHARGED, MY PASSPORT WILL REMAIN ANNOTATED FOR LIMITED VALIDITY.

My passport number: TTT134569.

20. (A) I PROMISE TO REPAY \$730.00 REPRESENTING THE  
(U.S. dollars)

U. S. DOLLAR EQUIVALENT OF FUNDS ADVANCED TO ME WITHIN 60 DAYS AFTER THE SIGNING OF THIS NOTE IN THE FOLLOWING MANNER: Two monthly payments of \$365.00 each.

(B) I WILL KEEP THE DEPARTMENT OF STATE, OFFICE OF FINANCIAL OPERATIONS, (M/COMP/FO/GAD/SAC) WASHINGTON, D. C. 20520, INFORMED OF MY ADDRESS (ES) AFTER MY ARRIVAL IN THE UNITED STATES, UNTIL SUCH TIME AS THE FUNDS ARE REPAID IN FULL.

(C) I AGREE THAT IF I FAIL TO MAKE FULL PAYMENT WITHIN 60 DAYS, THE DEPARTMENT OF STATE MAY DECLARE THIS PROMISSORY NOTE IN DEFAULT AND TURN THE ACCOUNT OVER TO THE UNITED STATES GENERAL ACCOUNTING OFFICE, OR THE DEPARTMENT OF JUSTICE, OR A PRIVATE COLLECTION AGENCY.

(D) I FURTHER UNDERSTAND THAT IN THE EVENT I AM UNABLE TO PAY THIS LOAN IN FULL WITHIN 60 DAYS, THE OFFICE OF FINANCIAL OPERATIONS OF THE DEPARTMENT OF STATE MAY, AT ITS OPTION AND UPON MY REQUEST, DETERMINE AND FORWARD TO ME AN INSTALLMENT PLAN FOR REPAYMENT OF MY LOAN AT AN INTEREST RATE TO BE ESTABLISHED BY FEDERAL LAW.

(E) IN ADDITION TO INTEREST, A CHARGE WILL BE ASSESSED TO COVER THE COSTS OF PROCESSING AND HANDLING DELINQUENT CLAIMS.

(F) FOR FAILURE TO A PAY ANY PORTION OF A DEBT MORE THAN NINETY DAYS PAST DUE, IN ADDITION TO INTEREST, A PENALTY CHARGE OF SIX PERCENT PER YEAR WILL BE ASSESSED.

(G) DEFAULTED LOANS WILL BE FORWARD TO COMMERCIAL CREDIT BUREAUS WHICH WILL HAVE AN EFFECT ON MY CREDIT RATING.

(H) I WILL REPAY BY CHECK OR MONEY ORDER PAYABLE TO THE DEPARTMENT OF STATE, CASHIER, ROOM 1258, WASHINGTON, D.C. 20520.

21. THE UNDERSIGNED, WHO BENEFIT FROM THE PROCEEDS OF THIS LOAN, HEREBY ACCEPT JOINTLY AND SEVERALLY RESPONSIBILITY FOR REPAYMENT OF THE LOAN UNDER CONDITIONS OUTLINED IN THE FOREGOING.

/s/   

(Signature)

(Signature)

(Signature)

TYPED OR  
PRINTED

Sonya A.Harker  
(Full Name)

\_\_\_\_\_  
(Full Name)

\_\_\_\_\_  
(Full Name)

10-16-44  
(Date of birth)

\_\_\_\_\_  
(Date of birth)

\_\_\_\_\_  
(Date of birth)

Dallas, Texas  
(Place of birth)

\_\_\_\_\_  
(Place of birth)

\_\_\_\_\_  
(Place of birth)

356-AA-7803  
(Soc. Sec. No.)

\_\_\_\_\_  
(Soc. Sec. No.)

\_\_\_\_\_  
(Soc. Sec. No.)

D. TO BE COMPLETED BY CONSULAR OFFICER:

22. SWORN/AFFIRMED AND SUBSCRIBED TO IN MY PRESENCE AT THE

Amembassy, Lima, PERU on December 15, 1986  
(Title and location of post) (Date)

23. SIGNATURE OF CONSULAR OFFICER: /s/

    

24. TYPED NAME OF CONSULAR OFFICER: J. J. Kreuger

25. FISCAL DATA TO BE CHARGED FOR LOAN: FY 86 Allotment 2023  
Appropriation L960522, Obligation 50000000, Object code 3321.

(SEAL OF OFFICE)

# 7 FAM 383 EXHIBIT 383 PROCEDURE TO ESTABLISH POST FISCAL DATA FOR EMDA-I AND EMDA-II PROGRAMS

*(CT:CON-141; 07-13-2006)*

Under the Emergency Medical and Dietary Assistance Program for incarcerated Americans abroad (EMDA-I) and the Emergency Medical, Dietary and Temporary Assistance Program for non-incarcerated Americans abroad (EMDA-II), Foreign Service posts are required to establish the fiscal data to be charged for each loan. These fiscal data include an appropriation number, allotment number, obligation number, organization number, and function number, as well as an object code for each loan. These numbers are established as follows:

1. **Appropriation Number.** This number is 19\_0113 for all EMDA-I and EMDA-II cases, where \_ represents the last digit of the fiscal year.
2. **Allotment Number.** This number is 2023 for all EMDA-I and EMDA-II cases.
3. **Obligation Number.** This number is an 8-digit number which is unique for each post and EMDA case. The first number represents the last digit of the fiscal year. The second through the sixth digits represent the six digit post code as given in 4 FAM Appendix A, Section 405-409 (omit the first digit of this code to leave 5 numbers). The seventh and eighth numbers represent the case number at post.

Example (Mazatlan, Mexico):

31281401 - loan to incarcerated American (John Smith)  
31281402 - loan to temporarily destitute American (Mary Carr)  
31281403 - dietary supplements  
31281404 - loan to non-incarcerated American (Helen Jones)

Posts should maintain a ledger of their cases to show what each obligation number represents.

4. **Organization Number.** This number is 280100 for all programs under EMDA-I and EMDA-II.
5. **Function Number.** This number shows the type of loan program involved in a specific case. One of the following 2 numbers should be used for each loan:  
  
2131 - for incarcerated U.S. citizens  
2132 - for non-incarcerated U.S. citizens
6. **Object Code.** This number shows the nature of the assistance. One of the following numbers should be used for each loan:

2640 - for dietary supplements for prisoners.  
3321 - for emergency medical assistance.  
3322 - for short term dietary assistance.  
3324 - for loans to temporarily destitute U.S. citizens.

*FUNCTION AND OBJECT CODE NUMBERS FOR EMDA  
PROGRAMS*

<b>EMDA-I (For U.S. Citizen Prisoners)</b>	<b>FUNCTION</b>	<b>OBJECT</b>	<b>COST</b>
a. Dietary Supplements	2131	2640	Free
b. Emergency assistance Post has prior authority to expend up to \$250 in emergencies only.	2131	3321	Reimbursable
c. Short term dietary assistance Post has prior authority to expend up to \$200 in emergency only.	2131	3322	Reimbursable
<b>EMDA-I (For Non-Incarcerated U.S. Citizens)</b>	<b>FUNCTION</b>	<b>OBJECT</b>	<b>COST</b>
a. Emergency medical assistance Post has prior authority to expend up to \$250 in emergencies only.	2132	3321	Reimbursable
b. Short term dietary feeding (1) Program includes food and lodging. (2) Post has prior authority to expend up to \$200 in emergencies only.	2132	3322	Reimbursable
c. Loans to temporarily destitute U.S. citizens Post has authority to expend up to 3 days' USG per diem in emergencies only (a maximum of 5 days under certain circumstances).	2132	3324	Reimbursable

## *EXAMPLES OF FISCAL DATA ESTABLISHED AT POSTS*

### **EMERGENCY MEDICAL LOAN FOR INCARCERATED AMERICAN (EMDA-I)**

<b>Appropriation</b>	<b>Allotment</b>	<b>Obligation</b>	<b>Organization/Function</b>	<b>Object</b>	<b>Amount</b>
1980113	2023	33070410	280100/2131	3321	\$200.00

Fiscal data represent the tenth EMDA case in fiscal year 1988 in Melbourne, Australia, where \$200.00 was expended or is planned to be expended for an emergency medical loan to an incarcerated American.

### **SHORT TERM FULL DIETARY ASSISTANCE FOR INCARCERATED AMERICAN (EMDA-I)**

<b>Appropriation</b>	<b>Allotment</b>	<b>Obligation</b>	<b>Organization/Function</b>	<b>Object</b>	<b>Amount</b>
1960113	2023	45110102	280100/2131	3322	\$25.00

Fiscal data represent the second EMDA case in fiscal Year 1986 in Gaborone, Botswana, where \$25.00 was expended for the temporary feeding of an incarcerated American.

### **DIETARY SUPPLEMENTS FOR INCARCERATED AMERICANS (EMDA-I)**

*The Department supplies the fiscal data under this EMDA element.*

### **EMERGENCY MEDICAL LOAN FOR NON-INCARCERATED AMERICAN (EMDA-II)**

<b>Appropriation</b>	<b>Allotment</b>	<b>Obligation</b>	<b>Organization/Function</b>	<b>Object</b>	<b>Amount</b>
1970113	2023	44080101	280100/2132	3321	\$250.00

Fiscal data represent the first EMDA case in fiscal year 1987 in Manama, Bahrain, where \$250.00 was expended or is planned to be expended for an emergency medical loan to a non-incarcerated American.

### **SHORT TERM FULL DIETARY ASSISTANCE FOR NON-INCARCERATED AMERICAN (EMDA-I)**

<b>Appropriation</b>	<b>Allotment</b>	<b>Obligation</b>	<b>Organization/Function</b>	<b>Object</b>	<b>Amount</b>
1980113	2023	32268103	280100/2132	3322	\$30.00

Fiscal data represent the third EMDA case in fiscal year 1988 in Ottawa, Canada, where \$30.00 was expended or is planned to be expended for the temporary feeding and lodging of a non-incarcerated American.

### **TEMPORARY ASSISTANCE LOAN TO A DESTITUTE NON-INCARCERATED AMERICAN (EMDA-I)**

<b>Appropriation</b>	<b>Allotment</b>	<b>Obligation</b>	<b>Organization/Function</b>	<b>Object</b>	<b>Amount</b>
1970113	2023	42500215	280100/2132	3324	\$162.00

Fiscal data represent the fifteenth EMDA case in fiscal year 1987 in Florence, Italy, where \$162.00 was expended or is planned to be expended for the temporary assistance loan to a non-incarcerated American.

**7 FAM 384 EXHIBIT 384.6 POST  
TELEGRAM REQUESTING  
AUTHORIZATION FOR A MEDICAL  
ASSISTANCE LOAN (EMDA II)**

*(CT:CON-141; 07-13-2006)*

# POST TELEGRAM REQUESTING AUTHORIZATION FOR A MEDICAL ASSISTANCE LOAN (EMDA II)

## ROUTING TELEGRAM

00910 1

UNCLASSIFIED  
AMEMBASSY LIMA  
AMB: MJWATSON  
CON: TCDavidson  
1.DCM: CRINGRAM, 2.CON: JJJJANDA, 3.ADM: MGRIENZO  
AMB, DCM, CON, ADM, CHRON

- ① AMEMBASSY LIMA  
SECSTATE WASHDC, IMMEDIATE  
CA/OCS/EMR  
M/COMP/FO/GAD/SAC  
CA/EX/RES  
CA/PPT/PS/PT

- ② E.O. 12356: N/A  
TAGS: CASC: (HARKER, SONYA A)  
③ SUBJECT: FIMED/EMDA-II: EMERGENCY MEDICAL ASSISTANCE  
④ 1. NAME/DOB/SSN: SONYA A. HARKER; OCTOBER 16, 1944, TX; 356-AA-7803.  
⑤ 2. PPT: TTT134569, ISSUED NOVEMBER 12, 1983, HOUSTON.  
⑥ 3. SOURCES OF FUNDS: NOK - MOTHER, MRS. JOSEPHINE RICHARDS, 8976 COLEMAN AVE., DALLAS, TX; TEL: (214) - 456-7893.  
⑦ 4. PRIOR POST ACTION: MS. HARKER'S TRAVELING COMPANION, GREGORY SMITH, IS UNABLE TO ASSIST AS HE HAS ONLY DOLS 100 TO MEET EXPENSES FOR THE NEXT 5 DAYS, WHEN HE RETURNS TO MIAMI. MS. HARKER AND SMITH REPORT THAT THEY HAVE NO RELATIVES OR FRIENDS IN PERU.  
⑧ 5. PRIVACY ACT WAIVER: MS. HARKER HAS SIGNED BLANKET PRIVACY ACT WAIVER AUTHORIZING DEPT. TO CONTACT ANYONE WHO MAY BE ABLE TO ASSIST HER.  
⑨ 6. DIAGNOSIS: COMPOUND FRACTURE OF THE LEFT FEMUR. PROGNOSIS: GOOD WITH NECESSARY SURGERY.  
⑩ 7. TOTAL ASSISTANCE REQUIRED: DOLS 730 - DOLS 230 FOR 10 DAYS HOSPITALIZATION; DOLS 500 FOR SURGERY NECESSARY TO RESET LEG.  
⑪ 8. PRESENT LOCATION: LIMA GENERAL HOSPITAL, PONCE DE LEON BLVD., LIMA; TEL: 826-780. LENGTH OF HOSPITALIZATION: 10 DAYS.

UNCLASSIFIED

## Post Telegram Requesting Authorization for a Medical Assistance Loan (EMDA II)—Continued

DEPARTMENT OF STATE  
5010-102

UNCLASSIFIED

- 2
12. ATTENDING PHYSICIAN: DR. SANTOS AT LIMA GENERAL HOSPITAL, DEPT. OF SURGERY, LIMA GENERAL HOSPITAL, EXT. 425; SPEAKS SPANISH ONLY.
13. AMOUNT ALREADY EXPENDED: DOLS 230 FOR HOSPITALIZATION FOR 10 DAYS.
14. FISCAL DATA: N/A. POST REQUESTING AUTHORIZATION FROM DEPARTMENT.
15. REMARKS: MS. HARKER WAS HIKING WITH HER TRAVELING COMPANION, GREG SMITH, WHEN SHE FELL AND FRACTURED HER LEFT FEMUR. BY THE TIME THE COUPLE REACHED LIMA HER FRACTURE HAD BEGUN TO HEAL INCORRECTLY. SINCE MS. HARKER HAS NO HEALTH INSURANCE AND WAS DESTITUTE, PERUVIAN HOSPITAL AUTHORITIES DID NOT WANT TO ACCEPT HER. DR. SANTOS RECOMMENDS AN OPERATION TO RESET THE BROKEN BONE.

WATSON\*\*

UNCLASSIFIED

## Preparation Guide for a Post Telegram Requesting Authorization for a Medical Assistance Loan (EMDA-II)

The post's telegram requesting Department authorization for a medical assistance loan under the EMDA-II program should include, in the order listed:

- ① **ACTION line:** The post's telegram should be addressed to the Department and be captioned for the following offices:  
CA/OCS/EMR  
M/COMP/FO/GAD/SAC  
CA/EX/RES  
CA/PPT/PS/PT
- ② **TAGS line:** CASC (Surname, first name, middle initial *(no period)*).
- ③ **SUBJECT line:** FIMED/EMDA-II, Emergency Medical Assistance.
- ④ **Message Item 1:** Applicant's complete name, date and place of birth, social security number.
- ⑤ **Message Item 2:** Applicant's passport number, with date and place of issuance. If passport is unavailable, describe other evidence of U.S. citizenship presented.
- ⑥ **Message Item 3:** Name, address, and telephone number of the next of kin relatives, friends, and acquaintances who may be a possible source of financial assistance.
- ⑦ **Message Item 4:** Prior post action. Indicate action the post has taken to attempt to secure financial aid from private resources and the host government, and the results of such action.
- ⑧ **Message Item 5:** Privacy Act waiver. Indicate whether or not the applicant has signed a waiver under the Privacy Act to release information to the next of kin or other individual(s).
- ⑨ **Message Item 6:** Diagnosis and prognosis.
- ⑩ **Message Item 7:** Assistance required. Indicate, in U.S. dollars, the amount of funds required and for what purpose intended.
- ⑪ **Message Item 8:** Applicant's present location. If hospitalized, include hospital name, address, and telephone number, and provide the projected length of hospitalization.
- ⑫ **Message Item 9:** Name of the attending physician, with telephone number, if available. Indicate physician's English language capability.
- ⑬ **Message Item 10:** Amount, if any, already expended under the \$250 post emergency authorization and for what purpose.
- ⑭ **Message Item 11:** Fiscal data to be charged for this case (**DO NOT OMIT THIS ITEM**).
- ⑮ **Message Item 12:** Any additional information or remarks which the consular officer considers to be pertinent.

**7 FAM 385 EXHIBIT 385.5  
TELEGRAM REQUESTING  
AUTHORIZATION FOR A SHORT TERM  
FULL DIETARY ASSISTANCE LOAN  
(EMDA II)**

(CT:CON-141; 07-13-2006)

**TELEGRAM REQUESTING AUTHORIZATION FOR A SHORT  
TERM FULL DIETARY ASSISTANCE LOAN (EMDA II)**

<small>General Form 10-1-77 DEPARTMENT OF STATE 5010-102</small>	<b>OUTGOING TELEGRAM</b>	TEL EXT <b>11682</b> PAGE <b>1</b>
<p>UNCLASSIFIED AMEMBASSY BOGOTA AMB: VMDOBSON CON: AAFOLKERT 1. DCM: JMCQUIRE, 2. CON: NCJUDD, 3. ADM: GMPowell AMB, DCM, CON, ADM, CHRON</p>		
<div style="display: flex; justify-content: space-between;"><div style="width: 70%;"><p>① AMEMBASSY BOGOTA SECSTATE WASHDC, IMMEDIATE CA/OCS/EMR M/COMP/FO/GAD/SAC CA/EX/RES CA/PPT/PS/PT</p><p>② E.O. 12356: N/A TAGS: CASC: {GARRISON, MANLEY B}</p><p>③ SUBJECT: FIMED/EMDA-II: SHORT TERM DIETARY ASSISTANCE</p><p>④ 1. NAME/DPOB/SSN: MANLEY B. GARRISON; JULY 22, 1929; 218-AA-7362.</p><p>⑤ 2. PPT: TTT216874, ISSUED 8/15/85, PHILADELPHIA.</p><p>⑥ 3. SOURCES OF FUNDS: BROTHER - CHARLES GARRISON, 1776 LIBERTY AVE., PHILA., PA; {215} 556-8282. SISTER, SUE G. BIASE, RURAL ROUTE 4, BILOXI, MISSISSIPPI. {601} 987-5634.</p><p>⑦ 4. PRIOR POST ACTION: THROUGH THE AMERICAN BENEVOLENT SOCIETY A LOCAL PENSION WAS LOCATED THAT WILL PROVIDE FOOD/LODGING UNTIL REPLACEMENT FUNDS RECEIVED.</p><p>⑧ 5. PRIVACY ACT WAIVER: MR. GARRISON SIGNED PRIVACY ACT WAIVER AUTHORIZING RELEASE OF INFORMATION TO HIS BROTHER ONLY.</p><p>⑨ 6. ASSISTANCE REQUIRED: DOLS 150.</p><p>⑩ 7. PRESENT ADDRESS: PENSION DEL GARCIA, 86 ORTEZ-VEGA, BOGOTA.</p><p>⑪ 8. FOOD SOURCE: SEE PARA 7.</p><p>⑫ 9. AMOUNT ALREADY EXPENDED: DOLS 50.</p><p>⑬ 10. FISCAL DATA: FY-87, APPROPRIATION 1970113, ALLOTMENT 2023, OBLIGATION 41100101, ORGANIZATION/FUNCTION 280100/2132, OBJECT 3322.</p></div><div style="width: 25%; border-left: 1px solid black; padding-left: 5px; vertical-align: top;"><p>INITIAL AUTH <b>NCJ</b> DRAFTED <b>AAF</b> 1. <b>GMP</b> 2. _____ 3. _____ 4. _____ 5. _____</p></div></div>		
UNCLASSIFIED		

\_\_\_\_\_

2

455.6.

## **Preparation Guide for a Post Telegram Requesting Authorization for a Short Term Full Dietary Assistance Loan (EMDA-II)**

The post's telegram requesting Department authorization for a short term full dietary assistance loan under the EMDA-II program should include, in the order listed:

- ① **ACTION line:** The post's telegram should be addressed to the Department and be captioned for the following offices:

CA/OCS/EMR  
M/COMP/FO/GAD/SAC  
CA/EX/RES  
CA/PPT/PS/PT
- ② **TAGS line:** CASC (Surname, first name, middle initial *(no period)*).
- ③ **SUBJECT line:** FIMED/EMDA-II: Short Term Dietary Assistance.
- ④ **Message Item 1:** Applicant's complete name, date and place of birth, and social security number.
- ⑤ **Message Item 2:** Applicant's passport number, with date and place of issuance. If passport is unavailable, describe other evidence of U.S. citizenship presented.
- ⑥ **Message Item 3:** Name, address, and telephone number of the next of kin relatives, friends, and acquaintances who may be a possible source of financial assistance.
- ⑦ **Message Item 4:** Prior post action. Indicate action the post has taken to attempt to secure financial aid from private resources and the host government, and the results of such action.
- ⑧ **Message Item 5:** Privacy Act authorization. Indicate whether or not the applicant has given approval under the Privacy Act to release information to the next of kin or other individual(s).
- ⑨ **Message Item 6:** Assistance required. Indicate the amount needed per day and the estimated number of days dietary assistance has been or will be required.
- ⑩ **Message Item 7:** Applicant's present address.
- ⑪ **Message Item 8:** Name and address of source of food to be provided.
- ⑫ **Message Item 9:** Amount already expended under the \$200 post emergency authorization.
- ⑬ **Message Item 10:** Fiscal data to be charged for this loan (**DO NOT OMIT THIS ITEM**).
- ⑭ **Message Item 11:** Any additional information the consular officer considers pertinent.

# 7 FAM 386 EXHIBIT 386.6 POST TELEGRAM REQUESTING AUTHORIZATION FOR A TEMPORARY ASSISTANCE LOAN (EMDA II)

(CT:CON-141; 07-13-2006)

## POST TELEGRAM REQUESTING AUTHORIZATION FOR A TEMPORARY ASSISTANCE LOAN (EMDA II)

TELEGRAM		INDICATE <input type="checkbox"/> COLLECT <input type="checkbox"/> CHARGE TO	
12356	FROM AMCONSUL PUSAN	CLASSIFICATION UNCLASSIFIED	
E.O. 11652:	N/A	7	
TAGS:	CASC: {MORRISON, JAMES PAUL}	2	
SUBJECT:	FIMED/EMDA-II: TEMPORARY ASSISTANCE LOAN FOR JAMES PAUL MORRISON		
ACTION:	SECSTATE WASHDC IMMEDIATE		
3	CA/OCS/EMR		
	M/COMP/FO/GAD/SAC		
	CA/EX/RES		
	CA/PPT/PS/PT		
	REF: {A} PUSAN 02104; {B} PUSAN 02105		
4	1. NAME/DPOB/SSN: JAMES PAUL MORRISON; MAY 17, 1948, CALIFORNIA; 165-AA-0900.		
5	2. PPT: TTH671889, ISSUED 12/12/83, LOS ANGELES.		
6	3. PERMANENT ADDRESS: C/O BROTHER - KEVIN E. MORRISON, 21-C WEST GATE TERRACE, SALMON MILL RUN, ASTORIA, OREGON 97103; TEL: {503} 555-8761.		
7	4. REASON FOR DESTITUTION: MR. MORRISON IS AWAITING DELAYED SALARY CHECK FROM DYNASTY WORLD TRAVEL SERVICE, 1602 ALHAMBRA DRIVE, NY, NY 10163.		
8	5. SOURCES OF FUNDS CONTACTED: REFTELS {A} AND {B} ARE DIRECT RELAY TELEGRAMS SENT TO MR. MORRISON'S BROTHER REQUESTING DOLS 1500 AND TO EMPLOYER REQUESTING EXPEDITIOUS TRANSMISSION OF HIS PAYCHECK.		
9	6. FEDERAL AGENCY ISSUING OVERDUE CHECK: N/A.		
10	7. TOTAL AMOUNT GRANTED: DOLS 500.		
11	8. DAILY AMOUNT GRANTED: DOLS 100 {USG PER DIEM}.		
12	9. DATE LOAN GRANTED: SEPT. 11, 1987.		
13	10. FISCAL DATA: N/A. POST REQUESTING AUTHORIZATION FROM DEPT.		
DRAFTED BY:	DRAFTING DATE	TEL. EXT.	CONTENTS AND CLASSIFICATION APPROVED BY:
CONS:KDAVIDSON:KD	9/11/87	23-7707	CG:VSTOREY
CLEARANCES:			
UNCLASSIFIED			
CLASSIFICATION			
OPTIONAL FORM 153 (Formerly FS-613) January 1975 Dept. of State			

## Post Telegram Requesting Authorization for a Temporary Assistance Loan (EMDA II)—Continued

UNCLASSIFIED  
Classification

Page 2 of PUSAN  
MRM

BECAUSE AMOUNT REQUESTED EXCEEDS 3-DAY LIMIT.

- 14 11. WHERE LOAN REPAID: LOAN WILL BE REPAID AT AMCON PUSAN.
- 15 12. REMARKS: UPON RECEIPT OF REFTEL (B) EMPLOYER TELEPHONED MR. MORRISON, STATING THAT THE CHECK DELAY WAS DUE TO A COMPUTER SERVICE PROBLEM AND THAT THE CORPORATION WOULD GET A REISSUED CHECK TO HIM WITHIN 7 DAYS. MR. MORRISON IS A LONG TERM RESIDENT OF THE CONSULAR DISTRICT AND IS THE DYNASTY WORLD TRAVEL REPRESENTATIVE IN PUSAN.

HANFORD

UNCLASSIFIED  
Classification

OPTIONAL FORM 153A  
(Formerly PS-413A)  
January 1975  
Dept. of State

## Preparation Guide for a Post Telegram Requesting Authorization for a Temporary Assistance Loan (EMDA-II)

The post's telegram requesting Department authorization for a temporary assistance loan under the EMDA-II program should include, in the order listed:

- ① **TAGS line:** CASC (Surname, first name, middle initial *(no period)*).
- ② **SUBJECT line:** FIMED/EMDA-II: Temporary Assistance Loan.
- ③ **ACTION line:** The post's telegram should be addressed to the Department and be captioned for the following offices:
  - CA/OCS/EMR
  - M/COMP/FO/GAD/SAC
  - CA/EX/RES, and
  - CA/PPT/PS/PT
- ④ **Message Item 1:** Applicant's complete name; date and place of birth; and social security number.
- ⑤ **Message Item 2:** Applicant's U.S. passport number, with date and place of issuance. If the passport is unavailable, report other evidence of U.S. citizenship presented.
- ⑥ **Message Item 3:** Applicant's permanent address.
- ⑦ **Message Item 4:** Reason for the applicant's temporary destitution.
- ⑧ **Message Item 5:** Name and complete address of individuals or financial institutions from whom a transfer of funds has been requested by the applicant.
- ⑨ **Message Item 6:** Federal Agency from which the applicant's benefit check is overdue.
- ⑩ **Message Item 7:** Total U.S. dollar amount granted.
- ⑪ **Message Item 8:** Daily dollar amount granted.
- ⑫ **Message Item 9:** Date temporary loan is granted.
- ⑬ **Message Item 10:** Fiscal data to be charged (**DO NOT OMIT THIS ITEM**).
- ⑭ **Message Item 11:** Where the loan is to be repaid by the beneficiary. If loan is to be repaid at another overseas post, telegraph the post involved, including the fiscal data under which the loan was granted.
- ⑮ **Message Item 12:** Any other pertinent information the consular officer considers the Department should have.

# 7 FAM 389 EXHIBIT 389 POST FINAL REPORT ON AN EMDA LOAN

(CT:CON-141; 07-13-2006)

## POST FINAL REPORT ON AN EMDA LOAN

TELEGRAM		INDICATE <input type="checkbox"/> COLLECT <input type="checkbox"/> CHARGE TO	
FROM AMCONSUL PUSAN		CLASSIFICATION UNCLASSIFIED	
1235b E.O. 11652- TAGS: SUBJECT: ACTION:	N/A CASC: {MORRISON, JAMES PAUL} FIMED/EMDA-II: TEMPORARY ASSISTANCE LOAN FOR JAMES PAUL MORRISON SECSTATE WASHDC IMMEDIATE M/COMP/FO/GAD/SAC CA/OCS/EMR CA/EX/RES CA/PPT/PS/PT  REF: {A} PUSAN 02106; {B} 3113426  1. TOTAL EXPENDED: US DOLS 500.  2. FISCAL DATA: REFTEL {B} AUTHORIZED EXPENDITURE OF US DOLS 500, FY 84 ALLOTMENT 2023, APPROPRIATION 1970113, OBLIGATION 430485. LOAN WAS GRANTED 9/11/87.  3. FINAL ACTION: MR. MORRISON RECEIVED HIS DELAYED SALARY CHECK ON SEPTEMBER 15, 1987 AND PROMPTLY REPAID LOAN IN THE AMOUNT OF US DOLS 500.   HANFORD		
DRAFTED BY: CONS:KDAVIDSON:KD		DRAFTING DATE 9/15/87	TEL. EXT. 23-7707
CLEARANCES:		CONTENTS AND CLASSIFICATION APPROVED BY: CG:VSTOREY	
50153-101		UNCLASSIFIED CLASSIFICATION	
		OPTIONAL FORM 153 (Formerly FS-413) January 1975 Dept. of State	